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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.
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BOCCUPATION (a) Trade, profession, or

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9 BIRTHPLACE (State or country)

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> OF FATHER (State or country)

OF MOTHER (State or country)

(b) General nature of industry.

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which employed (or employer)

DATE OF BIRTH

1 PLACE OF DEATH Lucen anne

FULL NAME

If LESS tha

1 dayhrs

OR min. ?

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 252

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Ilf death occurred in a hospital or institution. give its NAME instead of street and number. I

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PERSONAL AND STATISTICAL PARTICULARS

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12 MAIDEN NAME Gertrude Earle -

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16 LENGTH OF RESID	ENCE FOR HOSPITAL	
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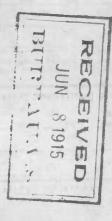


[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

.Accidental drowning; Struck by railway train-accivalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF .INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiellaecause. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. "Contributory." which surgical operation was undertaken. For viogenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH SICIANS should OCCUPATION IS Registration Dist. No lit death occurred in St.:....Ward) a hospital or institution. RECORD give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS MARRIED, Millaus 16 DATE OF DEATH 4 COLOR OR BACE 3 SEY (Month) OROIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Day) (Year) (Month) 7 AGE if LESS than and that death occurred on the date stated above, at... f day,hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) -----Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the . OF MOTHER (State or country of death yrs. mos. .. EATH State yrs. ____ mos. Where was disease contracted. it not at place of death? a Former or OF usuai residence Every Item CAUSE OF Important. DATE OF BURIAL 15 REGISTRAR If more blanks are needed, address State Registrar, . Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithfulbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Houscwife, Housework, or At Home, and children, not minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, (6)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia scpsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUTEPPERAL septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medicai Association.) "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maily oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples For VIO-

If this certificate is looked over thoroughly and all gnestions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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JUN 31915
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PHYSICIANS SHOW

RECORD

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. if death occurred in St.:...Ward) a hospital or institution, give its NAME Instead of street and nomber. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SINGLE, MARRIED, 3 SEX 4 COLOR OR RACE WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Month) TAGE If LESS than 1 day,....hrs. OR min. ? 6 OCCUPATION (a) Trade, profession, er parficular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) --Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accorden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE

OF MOTHER (State or country)

REGISTRAR

DATE OF BURIAL

20 UNDERTAKER ADDRESS

In the

State

of death _____ yrs. ___ mos.

Where was diseasa confracted. If nof at place of death?

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

At place

usual residence.

[Approved by U. S. Census and American Public Health Association.]

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JUN 31915
BUREAU, V.S.

Vi	illage or City Big Woods (No	Registered No. 2 1 [If death oc. sheenitel or in
	2 FULL NAME Dunie Bren	give its NAME
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Emale Black (Single, Married, Widowed)	16 DATE OF DEATH Month) (Month) (Day) (Y
_	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended decease
	Makneson, 1	, 191, to, 1
	(Month) (Day) (Year) SE	and that death occurred on the date stated above, at
par (b) busi	Trede, profession, or ricular kind of work	Thom Hestory all not see her all after deck (Duration) yrs. mos.
9 BI (Si	RTHPLACE tate or country)	(Secondary)
	10 NAME OF FATHER Perry Herring Tay Cor	(Signed) Willer & Farriers Office Co.
NTS	11 BIRTHPLACE OF FATHER (State or country)	May 93, 1912 (Address) Europhon
AREL	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIC CAUSES, state (1) MEANS OF INJURY; and (2) whether ACC TAL, SUICIDAL, OF HOMICIDAL.
Ь	13 BIRTHPLACE OF MOTHER (State or country) Monthsoneran	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENTS) At place In the of death
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(informant)	Former or usual residence
	(Address) Sullersylle Myd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA
16 Fil	100 May 27, 1915 Alvers, Ofthe pourd	20 UNDERTAKER ADDRESS
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1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons uess. If retired from business, that fact may be indiwho have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman," Women at home, who are engaged in the Farmer or Planter, As examples:

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. lif death occurred in St.:....Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED WIDOWED. (Day (Year) (Write the word) I HEREBY CERTIFY 6 DATE OF BIRTH (Day (Year) TAGE if LESS than and that death occurred on the date stated/above, at 1 dayhrs. The CAUSE OF DEATH * Was OR ? properly B OCCUPATION. (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in msy which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 00 PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAM plain DEATH In plair OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country At place in the of death _____ yrs. ____ mos. ___ ds. State yrs. mos. Where was disease contracted. MY KNOWLEDGE If not at place of death? Former or usual residence mportant. DATE OF BURIAL (Address) 15 DDAESS REGISTRAR In more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care dntics of the honsehold only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthfulbeen ehanged or given up on account of the disease of persons engaged in domestie service for wages, as Housewife, Housework, or At Home, and ehildren, not minc, etc. material worked on may form part of the second (a) Spinner, For many ocenhations a single word or term on the who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, If the occupation has

Statement of cause of death—Name, first, the bisease causing nearin (the primary affection with respect to time and eansation), using always the same accepted term for the same disease. Examples: @crebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (discase eansing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencla-"Contributory." scpsis, totanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERFERAL peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhanstion," (Recommendations on statement of For vio-



PHYSICIANS should of OCCUPATION IS RECORD ERMANENT BINDING classified. properly supplied. pe may 日の日 that 80 ARGIN pe terms, pinous plain 드 DEATH 50 Item L.O Every It

certificate.

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Instructions

Important.

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PLACE OF DEATH

CERTIFICATE OF DEATH County/ Registration Dist. No. 250 Ilf death occurred in St.:....Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE BEX MARRIEO, WIDOWED, . ORDIVERCED (Write the word) (Month I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Month (Year) 7 AGE If LESS than 1 day, hrs. or min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OFFATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 1 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. (State or country) State yrs, ___ mcs. Where was disease contracted. If not at place of death? Former or osual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS If more bisaks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. 8. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Sulcsman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who recelve a definite salary), may be entered as mine, etc. material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question

Statement of cause of death—Name, first, the disease causing death—In all the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "PUTEPERAL septichargenital," ture of the American Medical Association.) cause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debllity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Measles (disease causing death), 29 Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Never report Examples:



OCCUPATION RECORD PERMANENT classified. 4 properly INK supplied. 00 may that of back terms, 6 plain Instructions = DEATH Every Item CAUSE OF Important.

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ge or cit Heaversville	No	

STATE OF MARYLAND CERTIFICATE OF DEATH

Cour Registration Dist. No... ilf death occurred in VillaStWard) a hospital or Institution. give its NAME Instead of street and number.] FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX MARRIED, Marro (Day) (Write the word) I HEREBY CERTIFY. That I attended deceased from (fonth) (Day) (Tear) If LESS than 7 AGE and that death occurred on the date stated above, a f day hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Buration) which ampioyed (or employer) Contributory.... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF 11 BIRTHPLACE ENT OF FATHER (State or country State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL. SUICIDAL. OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) State of death _____ yrs. ____ mos. ___ ds. Where was disease contracted. If not at place of death?-Former or usual residence. DATE OF BURIAL may 15"1915-15 20 UNDERTAKER REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

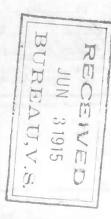


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary); may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla. sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Con thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronical cer" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never repor Examples: For vio-



N.B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING ₹ V. S. No.-1.

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PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Hills	CERTIFICATE OF DEATH
no blade	Registration Dist. No.
Village or City (VO) WO. No.	St.; Ward) [If death occurred in a hospital or institution,
(al. ma	give its NAME Instead
FULL NAME & MUMINIS	sley Clough of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH MAS OLA 10105
Male White (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
100000 01 184	191 X to 7 191 0.
(Month) (Day (Year)	that I last saw hall alive on 191
1 day bre	and that death occurred on the date stated above, atm,
yrs mos. Ods. OR min.?	The CAUSE OF DEATH* was as (ollows:
(a) Trade, profession, or	Muliplan
particular kind of work (b) General nature of indostry,	,
business, or establishment in Anceuluralest	Qurations yrs mos 3 ds.
9 BIRTHPLACE (State or country)	Contributory Muhal Lesion Kear
(State or country) fully there of	Secondary (Duration) 3 yrs - mas ds
10 NAME OF Moch blough	(Signed) Mostroey, J. Dudlo M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	, 191 (Address)
(State or country) Helle Constant	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2), whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Har wall Colast	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
OF MOTHER (State or country) telle there of	of death yrs. mos. ds. State yrs, mos. ds
14 THE ABOVE IS TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant)	Former or usual residence
(Address) Charg the Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Church Sies Courselis many 9 1814
Filed May 9, 1911 - C C Amilla	20 UNDERTAKER ADDRESS
REGISTRAR	JK Mound Cherret Hill
nt more planks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necbeen changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—it is primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scottchacgenital," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." schsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-The contributory Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 41915
BUREAU, V.S.

1 PLACE OF DEATH STATE OF MARYLAND EXACTLY, PHYSICIANS sified, Exact statement of CERTIFICATE OF DEATH County. Registration Dist. No. If death occurred inWard) Village or City a hospital or institution. give its NAME instead of street and number. RECORD classified. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE. -16 DATE OF DEATH 3 SEX Masrie COLOR OR RACE stated MARRIED, WIDOWED PERMANENT (Year) OR DIVORCED properly certificate CHRTIFY, That I attended deceased from 6 DATE OF BIRTH should (Year) pe (Day) If LESS than of 7 AGE and that death occurred on the date stated above, at may ы 1 day, hrs. back U min. ? OR A + that 8 OCCUPATION
(a) Trade, profession, or 20 pplied. NX particular kind of work. on (b) General nature of Industry 25 instructi terms, business, or establishment in UNFADING (Duration) which employed (or employer carefully Contributory 9 BIRTHPLACE (State or country) ain 0 See 10 NAME OF FATHER A 2 F DEATH in important. onld S (Address) 11 BIRTHPLACE PARENT OF FATHER te the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homodolal. (State or country PLAINLY, S 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS atio very OR RECENT RESIDENTS informa SAUSE (13 BIRTHPLACE At place OF MOTHER WRITEyrs.mos.ds. State,yrs.mos. ds. of death (State or country Should state CAL Where was disease contracted, 14 THE ABOVE KNOWLEDGE if not at place of death? Former or usuai residence DATE OF BURIAL PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER ADDRESS m REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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or.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. write None. or given up on account of the disease causing death who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer Housemaid, etc. If the occupation has been changed engaged in domestic servicé for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic ocid-probably SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; mus, state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaties "Puerperal peritonitis," etc. birth or miscarriage" as "I'venteral sephehaemia," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvulor heart disease; Chronic interstitial cause. "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," reat) affection need not be stated unless important nephrilis, etc. The contributory (secondary or intereur-"Anaemia" "Tumor" for malignant neoplasms); Measles; Whooping "Old Age," "Shock," "Uracmia," "Weakness," by rollway Always qualify all diseases resulting from childtrain-accident; Revolver wound of State cause for which Never report mere "Atrophy," "Col-("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

No. vi

6132 1 PLACE OF DEATH Queen anne PHYSICIANS should of OCCUPATION IS (No.... RECORD 2FULL NAME. PERMANENT PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. White WIDOWED. (Write the word) Exact stated DATE OF BIRTH 13 classified. 4 (Month) (Day (Year) 7 AGE If LESS than pinous 1 day 3 hrs. UNFADING INK-THIS properly OR ? AGE BOCCUPATION (a) Trade, protession, er particular kind of work supplied. pe (b) General nature of industry. business, or establishment in may which employed (or employer) so that it mo 9 BIRTHPLACE (State or country) Queen anno Co. Mil 10 NAME OF FATHER WITH be of information should be DEATH in plain terms, See instructions on back PARENTS 11 BIRTHPLACE OF FATHER Mary l-d (State or country) WRITE PLAINLY, 12 MAIDEN NAME OF MOTHER Sewie Mas Howser 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Every Item CAUSE OF Important. S (Intermant). Osutreville hid. (Address)..... 15 8 REGISTRAR ż It more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

Ilf death occurred in a hospital or institution, of street and number.]

give its NAME instead

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and that death occurr	ed on the dat	e stated a	bove, at	
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Signed) VV JV	en. Fr	ther		, M.
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18 LENGTH OF RESID	ENCE FOR HO	SPITALS, I	NETITUTIONS	THANSIENT
OR RECENT RESIDENT	(8)	In the	** 4	
of death yrs	mos ds.		VIS.	mos
Where was disease contract	ed,	4	6	111 U 0 , anno anno 1
If not at place of death?	***************************************			************
Former or			*	
usual residence	************************	*************	0 0	***************************************
19 PLACE OF BURIAL	OR REMOVA	L	OATE OF E	URIAL
Benthen	PS	2011	May	14, 1915
20 IINDERTAKER	~			ل. ۱۵۱ با ۱۰۰۰۰سر
EN IN	10		AODRESS	
Claren Ul	Dans	4.1	7	5 4 4

[Approved by U. S. Census and American Public Health Association.]

additional live is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, ctc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



OCCUPATION HYSICIANS RECORD PERMANENT classifled. properly supplied. pe UNFADING may certificate. 50 WITH back terms, 60 plain Instructions Information 5 DEATH See 0 P Item mportant. Every Ite

Very,

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. if death occurred inWard) a hospital or institution. give its NAME instead of street and nomber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED (Month) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) If LESS than and that desth occurred on the date stated above, st 1 day hrs. The CAUSE OF DEATH * was as follows: OR 7 SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ., 191 (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country, of death _____ yrs. ___ mos. ds. State . Where was disease contracted. If not at place of death? Former or usuai residence. DATE OF BURIAL 15 mer 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the oeeupations gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestie service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits cau be known. The question (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death—In all always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from eause of death approved by Committee on Nomenela-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (disease causing death), 29 ds.; (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



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V. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should states CAUSE OF DEATH in piain terms, so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.

Vitlage or City Showworlde (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25-8 [If death occurred is a hashiel or institution
* FULL NAME Edward Fram	Alin Auxtus a hospital or iostitutico, give its MAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male House Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	that I last saw h alive on, 191
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession, er particular kind et work (b) General nature of industry,	Ill from breth with fair
business, or establishment in which employed (or employer)	Contributory (Secondary)
(State or country) Neosulodle M. 10 NAME OF Jun A. Nather	(Signed) to leave the state of
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 10 10	*State the Dismass Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Jarah J. Gardress 13 BIRTHPLACE OF MOTHER (State or country) Artis Of MOTHER OTHER OF MOTHER OTHER OTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) A Hoyter	Where was disease contracted, If not at place of death? Former or usual residence
16 Filed Muy 14, 1915 F. C. Thomas	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LOWENS ONLY CHARACTERS 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registra	L. 6 E. Franklin St., Balto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

"mus," "Old Age," "Shock," "Uraemia," "Weakness," sepsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septicharetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally oma. Surcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name orlgin; "Can Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 31915
BURTAF

1 PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

. 191,

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemail, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Toreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. cian, Compositor, Architect, especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Cool mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in Never return "Laborer," Locomotive engineer, But in many cases, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths and consequences (e. g., sepsis, tetanus) may be stated suicide. .The nature of the injury, as fracture of skull Struck by roilway train-accident; Revolver wound SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, to determine definitely. Examples: Accidental drowning. "PUERPERAL perilonitis," etc. birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. "Heart failure," "Hadmorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping as "Puerperal septichaemia," State cause for which Never report mere "Exhaustion,"



N. B.

PLACE OF DEATH	STATE OF MARYLAND
0 0 0	CERTIFICATE OF DEATH
County Guerry anna Co	Registered No. 2 5.0
VIIIage or City Indlusnil, Mg. (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead at atreef and nomber.]
* FULL NAME Ins Larah	Elya Philips
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final 4 COLOR OR RACE SINGLE, MARRIED, WILDOWSD, ORDIVORCED (Write the word)	(Newth) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Dec 5, 1839 (Month) (Day) (Year)	April 5, 1916, to May 28, 1915, that I last saw h 12 alive on Finy 27, 1915
7 AGE 7 yrs. 5 mos. 2 3 ds. 1 LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 4 m, The CAUSE OF DEATH* was as follows: Cancers one of Marina
6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	Consuma J. Marina
business, or establishment la which employed (or employer)	(Duratieo) yrs. mes ds.
9 BIRTHPLACE (State or country) Queen and Go	(Secondary) (Ouration) (Ouration) (Ouration) (Ouration)
10 NAME OF STATHER STATE LASSING	(Signed) C H Infetcalfe, M. D. Mar 28, 1915 (Address) Findlinsvell My
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
12 MAIDEN NAME OF MOTHER Man, Bright 13 BIRTHPLACE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Informant) Les A Phillips	It not at place of death? Former or usual residence
(Address). Sudlersuelle Ing	Indersville md may 34, 1815
File May 30, 1915 R. M. Buslicol REGISTRAR	Pos a Stafford Sudbraville
If more blanks are needed, address State Begistr	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

STATE OF MARYLAND

[Approved by U. 8. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers who receive a definite salary), may be entered as material worked on may form part of the second statement. Never ceturn "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the piscass Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

injury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATES State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purrereal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accimia," "PUEBPERAL peritonitis," etc. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 State cause for "Exhaustion," Examples: For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH	STATE OF MARYLAND
Milly Hours	CERTIFICATE OF DEATH
County.	190
Man Ola alinge	Registration Dist, No
Village or City (No	St.; Ward) [If death occurred in
// // // //	a hospital or institution, give Ifs NAME Instead
Al XIX. a 1 1	All Mosto of street and nomber.]
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 GOLOROR RACE 5 MARRIED, MARRIED,	16 DATE OF DEATH MALL 3
WIDDWED.	(Month) (Day (Year)
Male aprid (Write the word)	17 I HEREBY CERTIFY/That I attended deceased from
6 DATE OF BIRTH HOLL WILLIAM O.	10 Kg 1 191 X 10/ Kgg 2 191 V
18734 HOGENEST OF	that I last saw h Malive on May 301 1911
7 AGE (Mouth) (Day (Year)	(1)-7.0
1 day,hrs.	and the detail occasion of the date stated above, at a famous manner in
1 4 yrs mos 2 1 os OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION HOLDER	2/1/2011/10/11
(a) Trade, profession, or particular kind of work	TWY WY
(b) General nature of industry,	1 the fleel
business, or establishment in the which employed (or employer)	(Duration) yrs mes ds.
9 BIRTHPLACE	P Contributory Melencaced
(State or country)	Secondary
10 NAME OF	(Duration) yrs mos e) ds.
FATHER NO OKBER COASSEL	(Signed) Duby M. D.
O 11 BIRTHPLACE	191 (Address) Clares Hele
Z State or country Ill 1011 News	
OF FATHER (State or country) Cll Mecco	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a OF MOTHER MADY, Villatura	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSCENTS
13 BIRTHPLACE	or RECENT RESIDENTS) Af place
State or country of alive Co	of death 2 yrs. 4 mos. ds. State 4/ yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, If not at place of death?
(Informant) Alla O. J. Colobolo	Former or Wour Onglesede
and the land of the	usual residence
(Address). For Gilbe Se	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	near ouglesede may 5 , 1915
Fled Mass of 1915 1 / Phillips	20 UNDERTAKER ADDRESS
Local REGISTRAR	106 Mison Banley rus
If more blanks are necded, address State Regis	trar, 6 E. Franklin St., Balto,, Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necadditional live is provided for the latter statement; who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Furm laborer, Laborer "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Groccity; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freeman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question causing death, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," "Foreman," Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

uant ncoplasms); Meastes; Whooping cough; Chronic mia," "Puerferal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal scptichaecause. Always qualify all diseases resulting from cte,, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Auaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and eousequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Juanitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopucumonia (secondary), 10 ds. Never report affectiou need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles (disease eausing death), 29 ds.; (Recommendations on statement of "Exhaustion," For vio-

If this ccrtificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondcnee. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU,V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

PLACE OF DEATH	STATE OF MARYLAND
and Course	CERTIFICATE OF DEATH
County Colon Colon Colon Colon	Registration Dist. No. 357
2. 18.	[if death occurred in
Village or City May Was allegro.	St.; Ward) a hospital or Institution,
71	give its NAME lostead of street and number.]
FULL NAME / ANLL Sally	14.CA
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. HI	16 DATE OF DEATH 15 30 1915
4 COLOR OR RACE SINGLE, MARRIEO MILOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
O DATE OF BIRTH	1916, to 0 - 30 - 1915,
(Month) (Day) (Year)	that I last saw harmalive on 5 - 7 5 - 1915
7 AGE If LESS than	and that death occurred on the date stated above, at & a m.
21 0 1 day,hrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. <u>OR</u> min. ?	Valuella, heart-durage
8 OCCUPATION (a) Trade, profession, er	
particular kind of work Alle L.	
(b) General nature of industry, business, or establishment in	(Duration) yrsmosds.
which employed (or employer)	
9 BIRTHPLACE (State or country)	Contributory (Secondary)
Nuacuan	(Duration), yrs mos ds.
10 NAME OF FATHER	(Signed) A M. D.
O 11 BIRTHPLACE	51-3/4, 1910 (Address) July & level of Ill 4.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH OF In deaths from Violente
M 12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Whath whather	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE	At nince In the
of MOTHER (State or country)	At place of death yrs. mos. ds. lin the 92 yrs, 5 mos. 28 ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) LICITU Gallity LLS	Former or
Welatal Dril	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) All	1 . 1
16 De 2. RHRLilliha	20 UNDERTAKER ADDRESS
Filed May 3/, 1915\ If Itallipo REGISTRAR	The Wilman Berglan
40000	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
The state of the s	of v and a command to the parties, medicantiff A. S. Mo. 1.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekecpers who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (v) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head of Injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "H art failure," "Haemorrhage," "Inanition," "Maras. genitai," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritix nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin : "Can State cause for Never report Examples:



	PLACE OF DEATH	090	7062	STATE OF MA	RYLAND
Count	Quem Trus		(N)	CERTIFICATE C	F DEATH
Village	or City Cambrid (N	10. (151) 2mm h	(S) en Bor	Registration Di	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PART	TICULARS	MED	DICAL CERTIFICATE	F DEATH
3 SEX	4 COLOR OR RACE 6 SINGLE, MARRIED WIDOWED OR DIVOR Write the v		16 DATE OF DEATH	(Month)	(Day) (Year)
6 DAT	E OF BIRTH		I HENED		101
	(Month)	Day) , 1915 (Year)	that I last saw h		, 191,
7 AGE	3 Homo	if LESS than 1 day,hrs. ORmin.?	and that death o	Courred on the date st	ated above, atm.
(3)	CUPATION Trade, profession, or cular kind of work		lehild	lund i	From ,
bust	General nature of Industry ness, or esfablishmenf in h employed (or employer)				yrs mos ds.
9 81	State or country) Mer M	a	Contributory Secondary	(Ouration)	vrs. mos ds.
	10 NAME OF Mashae La	vale.	(Signed)	mole mole	2 57 m.o.
ENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	ma		OISEASE CAUSING DEATH, OF DISEASE CAUSING DE	, in deaths from VIOLENT (2) whether Accidental,
PAR	of Mother Roselle for 13 BIRTHPLACE OF MOTHER (State or country) Mes M	hison 1		SIDENCE (FOR HOSPITALS, DENTS) In the 	INSTITUTIONS, TRANSIENTS,
	informant) Lame John	OWLEGE	if not at place of death Former or usual residence	The state of the s	
15	(Address) Caumah	ear	barne	che al ma	DATE OF BURIAL
File	3-/6,1915-1910	Moonn REGISTRAR	20 UNDERTAKER	m	ADDRESS
	If more blanks are needed, ac	ldress State Registrar,	16 W. Saratoga St., Ba	alto., Requesting V. S. No.	1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing neath, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) (irocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question business or industry, and therefore an additional line For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful--('oal mine, ctc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified,

on Nomenclature of the American Medical Association.) lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; birth or miscarriage as "Puerperal septichuemia," Puerperal peritonitis," etc. State cause for which head-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be agreetained as the symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valentlar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... The contributory (secondary or intercur-Never report mere



PERMANENT

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UNFADING INK-THIS WRITE PLAINLY, WITH

S. No.

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state Very PHYSICIANS Tho AGE should be stated EXACTLY. properly classified. Exact statement AGE carefully supplied. of certificate. 80 pe See instructions on back DEATH in plain terms. of information should Every Item CAUSE OF Important. m

3 SEX

TAGE

S

PARENT

15

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

OF FATHER (State or country)

(b) General nature of industry, business, or establishment in which employed (or employer)

	63
1 PLACE OF DEATH	
County Quew anne	(Ves
Village or City new Starr (No.	
SELLI NAME That De	Afort

PERSONAL AND STATISTICAL PARTICULARS

(Month)

6 SINGLE, MARRIED.

WIDDWED, (Write the word)

(Day

murud

(Year)

If LESS than

4 COLOR OR RACE

2FULL NAME



16 DATE O

that I last a

and that de-

STATE OF MARYLAND CERTIFICATE OF DEATH

Re	gistration Di	st. No.	1
rus	St;Ward) a hospitai give its N	occurred in or institution, AME Instead and nomber.]
MEDICAL	CERTIFICATE O	F DEATH	
PEATH	5-	2 -	, 191 V (Year)
I HEREBY	(Month) CERTIFY, That	I attended dec	eased from
aw hun all	ve on Ma	1 2	, 191
th occurred o	n the date stated was as follows:	i above, at //	30A m
	neum	men	Ce Drug
· A	(Duration)	yrsta	os. 15 ds
tory.	(Doration)		10 Sds
2,191.5 ()	Address) 60		
	AUSING DEATH, OR NS OF INJURY; a		
OF RESIDENCE T RESIDENTS)	E (FOR HOSPITALS		TRANSIENTS
ease contracted, of death?		•	
F BURIAL OR	REMOVAL	DATE OF BU	7RIAL

8 1 day,hrs. ORmin.?	The CAUSE OF DEATH* was as follows:	Noute Double
ing	dabal Treum	med
	(0 /	yrs mos. st.
Time Co, M.	XIM	yrs mos ds.
pland	(Signed) (Address) (Address) (Address) (Address)	
*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAL, SUICIDAL, OR HOMICIDAL, 18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TROOP RECENT RESIDENCE)		
MY KNOWLEDGE	At place In the of deathyrs mos ds. State _ Where was disease contracted,	yrs, de
N Purmer	If not at place of death?	
e min M.F.N.	on Fram	S-4-191U
Ny REGISTRAR		Centre in my
needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S	. No. 1.

If more blanks are r

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iilduties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Toreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PECEIVED
JUN 8 1915
BUREAU, V.S.

MARGIN RESERVED FOR BINDING

stated EXACTLY. PHYSICIANS should state I. Exact statement of OCCUPATION is very RECORD PERMANENT carefully supplied. AGE should be signified. I that it may be properly classified. UNFADING INK-THIS IS certificate. PLAINLY, WITH See Instructions on back of N. B.-Every item of information si CAUSE OF DEATH in piain WRITE Important.

PLACE OF DEATH

DUNty Hulea Hearth Heel (No. 1917)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.St.;.....Ward)

[If death occurred in a hospital or Institution, give its NAME instead of street and number]

	*FULL NAME Fy dia he	uley	give its NAME instea of streel and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
35	Punder Caloned Single, MARRIED, MIDOWED OF COLONIAL (WIDOWED WITH the word)	Month I HEREBY CERTIFY, The	(Day), 1914 (Day) (Year)
6 0	(Month) (Day) (Year)	that I last saw h. 4 alive on 2	25/5 191V
7 A	GE If LESS than 1 day,hrs.	and that death occurred on the date state. The CAUSE OF DEATH* was as follows.	
(a pa (b) bus	OCCUPATION) Trade, profession, er riticular kind of work. O General nature of industry, ilness, or establishment in ich employed (or employer)	In out the	Byrs. mos. ds
9 8	IRTHPLACE (tate or country) July Henry C	Gentributory XXXXIII	Tyrs. mos. ds
	10 NAME OF ASOCIAT FROM	(Signed) Koo Cle Beg	Dello, M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER A A A A A A A A A A A A A A A A A A A	*State the Disease Causing Death, o Causes, state (1) Means of Injury; a tal, Suicidal, or Homicidal.	r in deaths from Vroymus
	13 BIRTHPLACE OF MOTHER (State or country) Does Was Kudel	BLENGTH OF RESIDENCE (FOR HORPITAL OR RECENT RESIDENTS) At place of death yrs mos ds. State	
	(Informant)	Where was disease contracted, If not at place of death? Former or Usbal residence	
15	(Address) Cleral, Hul Mel	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
FII	ed /2 2 1913 - C & Smith	20 UNDERTAKER	ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekcepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative lealthful-For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

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PERMANENT MECORD

4 IS Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

WRITE PLAINLY, WITH UNFADING INK-THIS

S. No.

N. B.

6801	
PLACE OF DEATH	STATE OF MARYLAND
County Julea Hunes	CERTIFICATE OF DEATH
County	Registration Dist. No. 257
Village or City Way Church (No Hell Puncue)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
JOURDAN COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH MONTH (Yay (Year)
	17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH MAS 2 11.	191 V to May 7 1917.
(Month) (Day (Year)	that I last saw he alive on may buy 191 V
7 AGE If LESS than	and that death occurred on the date stated above, at
1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs mos ds or min.?	- h - 2 - 2n.
BOCCUPATION (a) Trade, profession, or	/KAYOS/1100
particular kind of work	1
(b) General nature of industry, business, or establishment to which employed (or employer)	(Duration) yrs mos ds
BIRTHPLACE (State or country)	Contributory Secondary
(State or country) Sullen Australia	(Duration) yrs mos ds
10 NAME OF STATES	1 x villa. 100 B
So wolliells	(Signed)
11 BIRTHPLACE OF FATE OF COUNTRY ALLOW AREA (C)	, 191 (Address) ACL
ш	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
12 MAIDEN NAME OF MOTHER OLD IN THE	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country Celle, these	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
to a sold Hellon	If not at place of death?
(Informant)	usual residence
(Address) My Ch - Well 17. 77	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Salen Conda Trang P , 1915
Filed 11 (4) 7, 191 5	20 UNDERTAKER ADDRESS
REGISTRAR	Tarinto Preval Hell
If more blanks are needed, address State Regi	istrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Never return material worked on may form part of the second Groccity; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. (a) Spinner, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first liue will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," "Foreman," If the occupation has As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuteris of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Cournisions," "Debility" ("Conthenia," "Anacmia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.;

